

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/091,561	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	120					
4	21					
5	120					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	21					
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48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	8	↓	↓	↓	↓	
TOTAL CLAIMS	15	↓	↓	↓	↓	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.		↓	↓	↓	↓	↓		
TOTAL CLAIMS		↓	↓	↓	↓	↓		